

# Manual Payment Request Form

**Gallagher Grant**

**Missouri College Guarantee**

Missouri Department of Higher Education  
3515 Amazonas Drive  
Jefferson City, MO 65109  
(573) 751-3940 or (800) 473-6757

## Instructions

This form must be used by institutions when requesting a manual payment for the Charles Gallagher Grant or Missouri College Guarantee Program for an eligible student who was omitted from a payment process. This form must be used for each individual payment requested for each program. **Return the completed form to the address above.**

Program: ☐ Gallagher Grant ☐ Missouri College Guarantee (Please check the program for which a payment is being requested.)

MDHE School Code

-   -     Student's Social Security Number

Student's Name \_\_\_\_\_  
Last First MI

☐ Semester for which payment is requested \$     .   Payment Amount Requested  
1 = Fall 2 = Spring/Winter 3 = Quarter

Signature of Financial Aid Administrator

Name of Institution

Date

**If the MDHE denies a payment request, this form will be returned to the institution. The reason(s) the request was denied will be indicated in the section below.**

## FOR MDHE USE ONLY

**Payment request for the above named student has been denied for the following reason(s):**

- ☐ Not a renewal student from the prior academic year.
- ☐ No record of the student's application in the database.
- ☐ Late applicant—not eligible.
- ☐ Transfer student but did not receive a fall award at another institution.
- ☐ Student's grant remaining need is below the need cutoff.
- ☐ MDHE remaining need indicates the student is "no need."
- ☐ Error appears on the record; therefore, the student's application is incomplete.
- ☐ Your school does not appear on the record as one of the student's school choices.

Comments: \_\_\_\_\_  
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